

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

ATTACHMENT 2.2-A
Page 16
OMB NO.: 0938-

State: Pennsylvania

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230	<u>X</u>	(4)	Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	<u>X</u>	(5)	Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	<u>X</u>	(6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	<u>X</u>	(7)	Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	—	(8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	<u>X</u>	(9)	Individuals in additional classifications approved by the Secretary as follows: Individuals residing in personal care homes

TN No. 91-33
Supersedes
TN No. 87-11

Approval Date 9/10/1998

Effective Date November 1, 199

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 16a
OMB NO.: 0938-

State: Pennsylvania

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

 Yes.

 X No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 91-33

Supersedes

TN No. 87-11

Approval Date 9/10/1998

Effective Date November 1,

HCFA ID: 7983E 1991

State: Pennsylvania

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.120
435.121
1902(a)(10)
(A)(ii)(XI)
of the Act

☒ 11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:

- ☐ (1) All aged individuals.
- ☐ (2) All blind individuals.
- ☐ (3) All disabled individuals.

NOT APPLICABLE IN PENNSYLVANIA

TN No. 91-33
Supersedes
TN No. 88-05 and
87-11

Approval Date

9/10/1998

Effective Date November 1,

1991

HCFA ID: 7983E

State: Pennsylvania

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

- (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (9) Individuals in additional classifications approved by the Secretary as follows:

NOT APPLICABLE IN PENNSYLVANIA

TN No. 91-33

Supersedes

TN No. _____

Approval Date 7/10/1998

Effective Date November 1,

1991

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 18a
OMB NO.: 0938-

State: Pennsylvania

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

 Yes

 No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

NOT APPLICABLE IN PENNSYLVANIA

TN No. 91-33

Supersedes

TN No.

Approval Date 9/10/1978

Effective Date November 1,

1991

HCFA ID: 7983E

State: Pennsylvania

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.231 X
1902(a)(10)
(A)(ii)(V)
of the Act

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

 The State covers all individuals as described above.

X The State covers only the following group or groups of individuals:

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

- X Aged
X Blind
X Disabled
— Individuals under the age of--
— 21
— 20
— 19
— 18
— Caretaker relatives
— Pregnant women

TN No. 91-33

Supersedes

TN No. 88-05 and
87-11

Approval Date 9/10/1998

Effective Date November 1,
1991

HCFA ID: 7983E

State: Pennsylvania

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a) ☒
(10)(A)
(11)(IX)
and 1902(1)(1)
(D) of the Act

15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in Supplement 1 of ATTACHMENT 2.6-A for a family of the same size.

Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained--

☒ 7 years of age; or

☒ 8 years of age.

NOT APPLICABLE IN PENNSYLVANIA

TN No. 91-33

Supersedes

TN No. 91-31

Approval Date 9/10/1998

Effective Date November 1,
1991

HCFA ID: 7983E

State: Pennsylvania

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)(A) /X/
(ii)(X)
and 1902(m)
(1) and (3)
of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

TN No. 91-33

Supersedes

TN No. 90-16 and

88-05

Approval Date 9/10/1998

Effective Date November 1,

1991

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 23
OMB NO.: 0938-

State: Pennsylvania

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(47) /X/
and 1920 of
the Act

17. Pregnant women who meet the applicable income levels specified in this plan under ATTACHMENT 2.6-A who are determined to be presumptively eligible by a qualified provider during a presumptive eligibility period in accordance with section 1920 of the Act.

TN No. 91-33
Supersedes
TN No. 89-04 and
88-05

Approval Date 9/10/1998

Effective Date November 1,
1991

HCFA ID: 7983E

State: Pennsylvania

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

C. Optional Coverage of the Medically Needy

42 CFR435.301

This plan includes the medically needy.

☐ No.

☒ Yes. This plan covers:

1902(e) of the
Act

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)
(C)(ii)(I)
of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

TN No. 91-33

Supersedes

TN No. 88-05 and
87-11

Approval Date

9/10/1998

Effective Date November 1,
1991

HCFA ID: 7983E